



TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Mike Montgomery, Chief {Original Signed}
Bureau of Nutrition Services

DATE: July 28, 2003

SUBJECT: Revisions to WIC Policy

The following WIC policies have been revised. The effective date for the revisions is August 1, 2003. Findings will be issued for deficiencies after November 1, 2003. Please update your manual with the new Table of Contents and policies. They are located on the WIC web site at www.tdh.state.tx.us/wichd/. The information contained in this memo is listed on the web site as the Texas WIC Policy Bulletin and is located under the WIC Director's Only Section.

BF: 02.0 Local Agency Breastfeeding Coordinator

Deleted procedure III. G. LA staff compliance with universal precautions regarding breast milk. (The CDC is holding firm that universal precautions do not apply to human milk.)

BF: 05.0 Issuance of Manual and Single-User Electric Breast pumps

Changed name of policy to **Issuance and Inventory of Manual and Single-User Electric Breast Pumps**. Expanded on inventory control of breast pumps. Added "LA staff shall maintain a perpetual inventory of all pumps" to policy statement.

Deleted procedure IV. (The same information was combined into procedure V.)

Listed release information to be documented on breast pump logs in Procedure V.

Added a procedure that LA staff shall maintain a perpetual inventory of all breast pumps at all times and that reconciliation of breast pump logs to actual breast pump inventory shall be done once a month, at minimum.

Added a procedure that states that WIC staff shall not issue a breast pump to themselves or relatives. The WIC employee who is scheduled or has a family member scheduled for an appointment shall make arrangements for another WIC employee to issue the breast pump.

Removed Guideline I and expanded on Guideline II.

BF: 06.0 Loan of Multi-user Electric Breast Pumps

Changed name of policy to **Loan and Inventory of Multi-User Electric Breast Pumps**. Expanded on inventory control of breast pumps. Added "LA staff shall maintain a perpetual inventory of all pumps" to policy statement.

Deleted procedure IV. (The same information was combined into procedure V.)

Listed release information to be documented on breast pump logs in Procedure V.

Added a procedure that LA staff shall maintain a perpetual inventory of all breast pumps at

all times and that reconciliation of breast pump logs to actual breast pump inventory shall be done once a month, at a minimum.

Added a procedure that states that WIC staff shall not issue a breast pump to themselves or relatives. The WIC employee who is scheduled or has a family member scheduled for an appointment shall make arrangements for another WIC employee to issue the breast pump.

Removed Guideline I and expanded on Guideline II.

CS: 01.0 Eligibility Criteria for Program Participation

Corrected policy references in Procedures II, III and IV.

CS: 04.0 Physical Presence

Added to Procedure II. "If using birth weight and length documentation, it shall not be more than 2 weeks old."

Procedure III.A. 2. Removed entering of 999 code and added reference to Policy CS: 17.0.

Procedure III.B.2.a, added that hemoglobin/hematocrit is required for infants 6 months and older and for all children.

CS: 06.0 Residency as a Certification Requirement

Procedure VII. Removed incorrect policy reference.

CS: 09.0 Definition of Income

Procedure II.A. and III. Added to include on-base military housing. On-base and off-base housing allowances are included together on the LES.

CS: 10.0 Economic Unit for Income

Procedure I.B. Removed "who are 14 years and older"

CS: 17.0 Documentation of a Complete Nutrition Assessment

Under II.A.2, added use of "99 0/8 inches" to document length/height unobtainable at the clinic and from the healthcare provider.

Added II.C.4, Follow-up blood tests are not allowable WIC expenses; only blood tests performed at initial and sub-certifications are allowable WIC expenses.

Changed II.C.4 to II.C.5 because of addition of II.C.4

Under II.C.5.a.iii, added "Hematological data must not be collected more than 30 days prior to the certification appointment for infants, and more than 60 days for all other applicants."

Under III.B.3, added: “To certify an infant that is not physically present, obtain and plot the birth weight and length, or more current data, whichever is appropriate based on the age of the infant. To prevent termination of WIC services, the infant shall be presented by six weeks of age to be weighed and measured, and the current weight and length shall be plotted.”

Changed the words “blood test for anemia” to “blood test to screen for iron deficiency” throughout policy.

CS: 24.0 Certification Periods

Added clarification under IV.A that a woman may be re-screened as a postpartum woman (in reference to a breastfeeding woman (not participant) who has discontinued breastfeeding and is found ineligible).

FD: 13.0 Issuance of Enfamil with Iron, Enfamil LIPIL with Iron, Enfamil ProSobee, Enfamil ProSobee LIPIL, Enfamil LactoFree LIPIL

Added ProSobee LIPIL and LactoFree LIPIL to policy. Removed LactoFree.

Changed the issuance of formula “to children” to the issuance of formula “to participants beyond one year of age” (in consideration of premature infants that need formula beyond one year of age) throughout the policy.

Under Procedure II., added procedures for issuing contract formula concentrated to greater than 20 calories per ounce when Enfamil 24 with Iron is requested. The prescriptive authority should be contacted to explain WIC policy and to obtain approval to provide mixing instructions. The instructions provided must be documented in the participant’s record.

Added a procedure that a prescription is not required for participants receiving contract formula concentrated to greater than 20 calories per ounce unless sample formula is provided or the WIC staff provide the instructions for concentrating the formula. Verbal orders (v.o.) are acceptable in lieu of a written prescription when WIC staff provide instructions for concentrating formula.

When a prescription is required, the approval authority for 22 and 24 calorie per ounce concentration is a Level II and 27 or 30 calorie per ounce concentration is Level III.

Added Procedure III. which provides reasons to issue contract formula to participants beyond one year of age and appropriate levels of approval authority.

FD: 14.0 Management of Contract Formula Samples

Procedure II. was changed to allow local agencies to use a locally developed contract sample formula log. The log must contain the same reason codes for issuance as the state agency log. **Note:**

On the Sample Formula Log, reason code D has been changed from Supplement Enhanced BF Under Certain Circumstances to Supplement BF or Enhanced BF. Breastfeeding (non-enhanced) had been inadvertently left off the original Sample Formula Log.

Under IV. A., removed “supplement until certification appointment date” as part of issuing sample formula for scheduling problems. This information was in conflict with the maximum three-day sample formula supply under V.A.

The number of cans of sample formula to provide when concentrating formula to 22, 24 and 27 calories has been moved to V.C. The number of cans to issue has also been modified due to the can size changes to contract formulas.

**FD: 16.0 Issuance of Medical Nutrition Products and Formulas
Other than Enfamil with Iron, LIPIL With Iron, Enfamil ProSobee, Enfamil ProSobee LIPIL and Enfamil LactoFree LIPIL**

Added “LIPIL” and “Advance” to appropriate Mead Johnson and Ross formula products.

Changed medical nutrition products to medical nutritional products. Added a statement that formula will represent formula and medical nutritional products in the policy.

Defined “approval authority”.

Deleted formula manufacturer from formula names to match WIC formula list.

Added Isomil DF to policy with reason for issuance.

Changed Alimentum powder and RTU to level I and added reasons for issuance of each.

Changed the maximum length of issuance guidelines for Neosure and EnfaCare. New guidelines use infant’s birth weight instead of weeks gestation.

Added Elecare to Neocate as a level III infant formula to be issued for the same reasons.

Removed Portagen from level II formula list. It is now a level IV formula.

II.B.3.c., under requirements for human milk fortifiers, added a statement that an enhanced breastfeeding food package cannot be issued when an infant is issued a human milk fortifier. Also removed range of maximum packets of issuance from 16-25 and changed it to read 25.

Under level III, concerning the PKU prescription form, replaced the words “formula resource notebook “ with “in the appendix” when describing the location of the forms.

Added contract formulas concentrated to 22 and 24 calories to level II with a reference to Policy FD:13.0. Added contract formula concentrated to 27 and 30 calories to Level III with a reference to Policy 13.0.

Under III.B.5., added “or the physician requests less than the maximum amount allowed” as a reason to issue a formula using code 999.

Added reference to the Formula Listing on the WIC website under Guidelines in policy.

FD: 18.0 Drop Shipment of Formula and Medical Nutritional Products

Clarification was made to Procedure I. Formula or medical nutritional products can be ordered from drop shipment vendors when they are not available locally *or* in a reasonable amount of time or the local price exceeds the max price (the word *or* was added between the first and second reason).

Procedures for drop shipment to clinic (II.C.) are more clearly defined. Participant or parent/guardian/caregiver will sign the voucher under “Authorized Signature” at the clinic. Upon verification that the correct formula has been delivered to the clinic, participant or parent/guardian/caregiver signs under “Countersign at Store.”

Minor corrections and clarifications.

FD: 20.0 Selection of Allowable Foods

Corrections were made. Under VII.F., the word “cereal” was replaced with “juice”. Under IX B., “baked beans” were replaced with “pork and beans” (regarding canned beans for homeless participants).

FD: 21.0 Conflict of Interest

This policy was left out of the revised Policy and Procedure Manual effective October 2002.

GA: 18.0 Research Involving WIC Participants

Corrected name of IRB from “Internal Review Board” to “Institutional Review Board”.

NE: 01.0 Standards for Nutrition Education Contacts

I.A. defined group classes. VI. A. added: who have been trained on the subject matter prior to teaching the class. VII. Added D. it is not substituted for individual counseling at certification. Minor word changes.

NE: 02.0 Nutrition Education Staffing Responsibilities and Duties

I.B. added: preferably a degreed nutritionist with 24 semester hours of food and nutrition. (Refer to policies CS: 15.0 and CS: 16.0.

V.A.1. added: CPA’s shall be trained by the NE Coordinator or designee on each months’ classes prior to teaching the classes.

V.A.1. added specific conditions.

Added: IV: All WIC staff who provide clinic services and/or interact with WIC participants must complete the Basic Nutrition Module within 6 months of employment. This must be documented at the local agency.

NE: 03.0 The Nutrition Education / Breastfeeding Plan

Deleted IV. A. and B. which were instructions.

NE: 04.0 Nutrition Education Lessons and Materials

Minor wording changes.

Appendix – Forms

Contract Sample Formula Log (FD:14.0)

Moving this form from Required Forms to Optional Forms

Reason Code D was changed to Supplement BF or Enhanced BF

Request for Medically Necessary Formulas (FD:16.0)

(Non-contract formula prescription form)

Moving this form from Required Forms to Optional Forms

WIC Metabolic Prescription, Guidelines and Metabolic Centers (FD:16.0)

Adding this form to the Required Form section

If you have any questions, please call Karen Davis, Manager of the WIC Policy and Communications Section, at (512) 341-4411, extension 2221.

Attachments

WIC Program Contract Sample Formula Log

[illegible]

WIC Metabolic Formula Prescription

Name:		Date of Birth:	
Parent/Guardian Name:			
Medical diagnosis:			
Current measurements (Infants - within 7 days, Children and women - within 30 days)			
Date obtained:	Height/length:	Weight:	
Name of formula(s)	Amounts per day/month	Unit size	Units/month
Number of months prescribed *		1 6 Other:	Total/month**
Frequency of Nutrition contact: Monthly Quarterly Other:			
Metabolic nutritionist:		Phone	
Provider signature: (MD, DO, PA, NP)		Date	
Metabolic center:		Phone	
Notes/comments:			
**Maximum amounts:	Infant	Child/Woman	
Powdered Formula	8 lbs. (128 oz. or 3629 g.)	9 lb (144 oz. or 4082 g.)	
Liquid Concentrate	403 fl. oz.	455 fl. oz.	

* Maximum length of prescription for child > 12 months of age is 6 months or until the end of their WIC certification period.

**Must be calculated to closest whole unit and not exceed maximum for total formulas needed.

Complete the form by filling in all spaces and circling the applicable choices. The form can be given to the family to be given to their local WIC Program or it can be faxed or mailed to the local WIC Program.

Request for Medically Necessary Formulas/Medical Nutritional Products from the WIC Program

Dear Health Care Provider: The WIC program issues contract formulas - Enfamil with Iron/LIPIL, Enfamil LactoFree LIPIL, and Enfamil ProSobee/LIPIL. Other formulas/medical nutritional products may be issued for a valid medical reason. Please provide the following information when requesting a non-contract formula. If requesting a different formula or a formula is requested for a different medical condition, please indicate that on the back of this form.

Patient's Name _____ DOB: _____ Birth weight _____ Weeks gestation _____
 Weight _____ Length _____ Date of measurements _____
 Diagnosis _____

 Signature (MD, DO, NP, PA)

 Date

Note: Federal regulations limit the amount of formula WIC can provide to any one participant. An infant/child who is Medicaid-eligible may be able to obtain additional formula/product through that program.

WIC Maximum Amounts	Infant	Child/Pregnant, Breastfeeding, or Postpartum Woman
Ready-to-use	806 fl. ozs.	910 fl. ozs
Powder	8 lbs.	9 lbs.
Liquid Concentrate	403 fl. ozs.	455 fl. ozs.

Formula (Circle One)	Medical Reason for Request	Length of Request
Alsoy Follow Up Follow Up Soy Good Start Isomil Isomil Advance Similac Lactose-Free Similac with Iron Similac Advance	For allergy or intolerance to Enfamil with Iron, ProSobee/LIPIL or LactoFree LIPIL. WIC policy states that participants on non-contract milk or soy-based infant formula be challenged every 2-3 mos. with contract formula. If this is medically contraindicated, please explain _____	_____ month(s)
Nutramigen	Milk and/or soy allergy	_____ month(s)
Alimentum Pregestimil	Allergy or sensitivity to milk or soy with malabsorption; malabsorption	_____ month(s)
Enfamil AR	Gastroesophageal reflux disease (GERD); not to be issued for uncomplicated GER (benign spitting up)	_____ month(s)
Enfamil 24 with Iron Similac 24 with Iron	Increased calorie needs; need for volume restriction; Inability to consume adequate volume of standard formula. Note: Instructions will be given for concentrating liquid or powder formula to 24 kcal/oz. The ready-to-feed form will only be issued if the caregiver is physically or mentally unable to prepare formula to 24 kcal/oz or if there is an unsafe or unsanitary water supply.	_____ month(s)
Similac Special Care Advance 24 Enfamil Premature LIPIL 24	Premature infant until the infant weighs 8 lbs. Premature infant until the infant weighs 5 ½ lbs	_____ Issued month to month only
EnfaCare LIPIL; NeoSure Advance	Infants with a birth weight: 4 lbs to 5 lbs 8 oz may issue up to 3 months chronological age 3 lbs 5 oz to less than 4 lbs may issue up to 6 months chronological age 2 lbs 10 oz to less than 3 lbs 5oz may issue up to 9 months chronological age Less than or equal to 2 lbs 10 oz may issue up to 12 months chronological age	_____ month(s)

Formula (Circle One)	Medical Reason for Request	Length of Request
Enfamil Human Milk Fortifier; Similac Human Milk Fortifier; Similac Natural Care Advance	EHMF or SHMF can be issued until the infant weighs 5 ½ lbs or 8 lbs., respectively; Natural Care can be issued until the infant weighs 8 lbs.	_____ month(s)
Similac PM 60/40	Renal or cardiac conditions requiring lower minerals	_____ month(s)
Portagen	Liver disease; pancreatic insufficiency; chylothorax	_____ month(s)
Elemental infant formula Neocate Elecare	Allergy to intact protein and casein hydrolysates; Malabsorption; Note: Alimentum, Nutramigen, or Pregestimil needs to have been tried prior to issuing	_____ month(s)
Next Step Soy	Milk allergy in a child over one year old	_____ month(s)
Pediatric Tube Feeding Formulas Pediasure Enteral Pediasure Enteral with Fiber Kindercal TF Kindercal TF with Fiber Compleat Pediatric	Tube feeding; oral motor feeding disorders; medical condition that increases calorie needs.	_____ month(s)
Pediatric Oral Supplements Pediasure Pediasure with Fiber Kindercal Kindercal with Fiber Nutren Junior Resource Just for Kids	Oral motor feeding disorders; FTT from underlying medical condition; medical condition that increases calorie requirements beyond what is expected for age; Note: A supplement may be issued for one month as a diagnostic tool to rule out FTT from inadequate calorie intake.	_____ month(s)
Elemental Pediatric Products Neocate Junior Elecare Neocate One + Pediatric EO28 Peptamen Junior Pepdite One + Vivonex Pediatric	Malabsorptive conditions; short bowel syndrome; Medical condition requiring an elemental diet (please specify):	_____ month(s)
Pregnant, Breastfeeding or Postpartum Women Boost with Fiber Boost Ensure with Fiber Ensure Nutren with Fiber Nutren Peptamen Peptamen 1.5 Vivonex Vivonex Plus Resource Standard	Tubefeeding; oral motor feeding disorder; Medical condition that increases calorie requirements (please specify):	_____ month(s)
Modular Products Casec Modulac Duocal Promod Ross Carbohydrate Free MCT Oil	Please specify the need for the product:	_____ month(s)
Other Product not Listed:	Please provide diagnosis or alternate reason for request for a formula listed above:	_____ month(s)

WIC Staff Use Only

Food Package Code: _____ Formula Code _____ Amount Issued: _____

WIC Approval Date: _____ Problem Number _____

Staff or State Agency Approval Authority _____

MD length of Issuance _____

RX expiration date: _____ Need for additional 1/8 package _____

Guidelines for Issuing PKU Formula

Background

Phenylketonuria (PKU) is an inherited metabolic disorder in which the body cannot breakdown and use phenylalanine, one of the amino acids in protein. As a result, phenylalanine accumulates in the blood and other parts of the body. The excess phenylalanine prevents the brain from growing and developing normally. It also causes other problems such as skin rash, excessive restlessness, irritable behavior and musty odor.

PKU cannot be cured, but can be effectively treated by a special diet which must be started within the first few weeks of life. With proper treatment the infant with PKU will grow and develop normally both mentally and physically. Current research indicates that the special diet should be a diet for life to prevent loss of intellectual abilities. A young woman with PKU must be in strict dietary control at least 3 months before she gets pregnant and during her pregnancy to prevent devastating heart defects, microcephaly, or miscarriage.

The diet must be carefully planned and constantly monitored by nutritionists and physicians with specialized training to allow enough phenylalanine for growth of the child or fetus, but not enough to produce any harmful effects. Careful attention must also be paid to the energy needs of the person to prevent the breakdown of the body's protein. Each person's diet needs depend on the severity of the enzyme deficiency and the person's age, growth rate and current state of health. Special formula that is free of phenylalanine is the primary food for the person with PKU with very small amounts of table foods that are low in protein and contain phenylalanine added in measured amounts. The amount of phenylalanine, tyrosine, protein, and calories in the diet are routinely measured and changed depending on the person with PKU's needs and results of tests of blood phenylalanine levels.

WIC Provisions

WIC staff will now be able to provide the PKU formulas to women, infants and children with phenylketonuria. Families receiving formula from WIC must understand that they will receive no diet instructions from the WIC clinic. Families must be in routine contact with staff from a metabolic center.

Guidelines

WIC will only provide formula if a formula prescription from a Metabolic Center is provided. A copy of the formula request/prescription is attached. All metabolic centers have been provided a copy.

A current prescription must be provided at each certification. If a prescription is not brought to the clinic, the metabolic center can be contacted and a new prescription faxed for the certification record.

PKU formulas are Level III formulas and can be approved by local agency RD's, LD's, or by calling the state agency for approval.

METABOLIC CONSULTANTS AND NUTRITIONISTS

July 29, 2003

University of Texas Southwestern – Dallas
Children's Medical Center
Jennifer Yoon, RD
Office 214-456-2133
Fax 214-456-6287

*Baylor University – Houston
Texas Children's Hospital
Dept. of Molecular & Human Genetics
William Craigen, MD, PhD
V. Reid Sutton, MD
Brendon Lee, MD, PhD
Cornelius Boerkoel, MD
Fernando Scaglia, MD
832-824-4287
Susan Podrebarac, RD
Office 832-824-6225
Fax 832-825-5083

*University of Texas – Houston
Dept. of Pediatrics, Medical Genetics
Hope Northrup, MD
Michael Gambello, MD
713-500-5760
Hermann Hospital
Cathleen Connolly, RD (Mon & Thurs)
Office 713-704-2120
Fax 713-704-4020
Barbara Dominguez, RN
Office 713-500-5765

*University of Texas – Galveston
UTMB – Dept of Pediatrics
Ruben Matalon, MD
409-772-2356
Shay Robertson, RD
Office 409-772-3466
Fax 409-772-9595

Driscoll Children's Hospital –
Corpus Christi
William Riley, MD
361-684-5226
Kristi Wade, RD
Office 361-694-4737
Fax 361-694-4016

* provide treatment for adults with PKU

*University of Texas – San Antonio
Department of Pediatrics
Stuart Shapira, MD, PhD
210-567-5195
Santa Rosa Clinic
Patricia Thomas, RD (Tues – Thurs)
Office 210-704-2799
Fax 210-349-9839

Texas Tech. – Lubbock
TTUHSC
Michael Bourgeois, MD
Surendra Varma, MD
806-743-2244 ext 261
Rosa Saenz, RD
Office 806-743-2244 ext. 292
Fax 806-743-2314

Border Children's Health Center –El Paso
Ruben Matalon, MD
(Part-time from Galveston)
409-772-2356
Michelle Cangas, RD
Office 915-532-1156 ext. 184
Fax 915-577-1955

Genetics Institute of Austin
Debra Freedenberg, MD, PhD
Children's Hospital of Austin
Specialty Care Center
Lynn Goldman, RD
Office 512-324-8835
Fax 512-324-8891

**Adults only*
Southwestern Medical Center - Dallas
Steven Leach, MD
214-648-2992
Cindy Cunningham, RD
Office 214-648-6299

Technical assistance only
TDH – Nutrition Services
Mimi Kaufman, RD
(Thurs – Fri, alternate Wed)
Office 512-458-7111 ext 3495